

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from <u>10-1-00</u>
through <u>10-21-00</u>

Date of election if applicable: (Month, Day, Year)
<u>11-7-00</u>

FILED Date Stamp OCT 26 2000 CITY OF SANTA MARIA <i>Walter J. ...</i> City Clerk	Page <u>1</u> of <u>9</u>
	For Official Use Only

1. Type of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 7.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.) | <input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6.) |
| <input type="checkbox"/> Ballot Measure Committee
○ Primarily Formed
○ Controlled
○ Sponsored
(Also Complete Part 5.) | <input type="checkbox"/> General Purpose Committee
○ Sponsored
○ Broad Based |

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election
Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

ID NUMBER
1227669

COMMITTEE NAME
Alice Patino for City Council

Treasurer(s)

NAME OF TREASURER
Tom Martinez

MAILING ADDRESS

2450 Professional Parkway Ste 220

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93455 (805) 934-5737

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)
2450 Professional Parkway Ste 220

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 (805) 346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2
CALIFORNIA
FORM 460

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Santa Maria City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2450 Professional Parkway Ste. 220 Santa Maria CA 93455

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

ID. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

DATE

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

Statement covers period from 10/01/00 through 10/21/00	Page 3 of 9
CALIFORNIA 460 FORM	
I.D. NUMBER 1227669	

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ 3835.00	\$ 7209.00	\$ 11044.00
2. Loans Received	Schedule B, Line 7 -0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 3835.00	\$ 7209.00	\$ 11044.00
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 3835.00	\$ 7209.00	\$ 11044.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 2593.18	\$ 1605.44	\$ 4198.62
7. Loans Made	Schedule H, Line 7 -0-	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2593.18	\$ 1605.44	\$ 4198.62
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	-0-	-0-
10. Nonmonetary Adjustment	Schedule G, Line 3 -0-	-0-	-0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 2593.18	\$ 1605.44	\$ 4198.62

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 5603.56		
13. Cash Receipts	Column A, Line 3 above 3835.00		
14. Miscellaneous Increases to Cash	Schedule I, Line 4 1.87		
15. Cash Payments	Column A, Line 6 above 2593.18		
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 6847.25		

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)
\$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ -0-		
19. Outstanding Debts	Add Line 2 + Line 9 in Column C above \$ -0-		

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

20. Contributions Received	\$ _____	1/1 through 8/30	7/1 to Date
21. Expenditures Made	\$ _____		

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

Statement covers period
from 10-1-00
through 10-21-00

CALIFORNIA
FORM 460
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I.D. NUMBER
1227669

SCHEDULE A

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-7-00	Freitas Bros. P.O. Box 895 Guadalupe, CA 93434	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	
10-6-00	Hampton Farming 2515 S. Professional Parkway Santa Maria, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00	200.00	
10-6-00	Central Coast Investments 900 E. Main St Ste 101 Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00	200.00	
10-3-00	Leo Acquistapace 8721 Foxen Canyon Rd Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farmer Acquistapace Farms	100.00	100.00	
10-3-00	Judith Lundberg 1858 Prell Rd Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Housewife	100.00	100.00	
SUBTOTAL \$ 700.00						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 3100.00
- Amount received this period - unitemized contributions of less than \$100 \$ 735.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3835.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)
BALHOBHNA
FORM 460

Statement covers period
from 10-1-00
through 10-21-00

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LG NUMBER

1227669

NAME OF FILER

Alice Patino for City Council

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID, NAME)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-3-00	James Diani 1320 Foxenwood Dr Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner AJ Diani Construction Company, Inc.	100.00	100.00	
10-2-00	Maretti & Minetti Ranch Co. P.O. Box 939 Guadalupe, CA 93434	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		150.00	150.00	
10-10-00	Coastal Properties, LLC 221 Town Center West #261 Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		1000.00	1000.00	
10-10-00	Joseph Wickham 1328 Charlotte Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Sales Manager PCA Western Farm Service	100.00	100.00	
10-13-00	OSR Enterprises, Inc 1910 E. Stowell Rd Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00	250.00	
10-21-00	Harry Ferini P.O. Box 6617 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Farming Rancho Laguna Farms	200.00	200.00	
SUBTOTAL \$1800.00						

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

**Type or print in ink.
Amounts may be rounded
to whole dollars.**

SCHEDULE A (CONT.)

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SUBTOTAL \$ 600.00

IND - Individual
COM - Recipient Committee
OTH - Other

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE	STATEMENT COVERS PERIOD from 10/01/00 through 10/21/00	CALIFORNIA FORM 460
NAME OF FILER Alice Patino for City Council	PAGE 7 of 9	ID NUMBER 1227669

CODES: If one or the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | OFC office expenses | RFD returned contributors |
| CNS campaign consultants | PHD petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHD phone banks | TEL tv, or cable airtime and production costs |
| CVC civic donations | POL polling and survey research | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POS posting, delivery and messenger services | TTS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings | PRT print ads | VOT voter registration |
| MTG meetings and appearances | RAD radio airtime and production costs | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Parents Ballot Guide 20705 S. Western Ave. #209 Torrance, CA 90501	PRT	..	300.00
KUHL, 716 E. Chapel Santa Maria, CA 93454	RAD		1,405.00
Republican Voter Checklist 19300 S. Hamilton Ave. Ste. 230 Gardena, CA 90248	PRT		250.00
SUBTOTAL \$ 1,955.00			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 2,493.00
- Unitemized payments made this period of under \$100 \$ 100.18
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ -
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 2,593.18

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA
FORM
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Alice Patino for City Council

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AFD	returned contributors
SAL	campaign workers salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging and meals (explain)
TRS	staff/spouse travel, lodging and meals (explain)
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

AMOUNT PAID

400.00

138.00

SUBTOTAL \$

FPPC Form 460 (8/99)
For Technical Assistance: 916/322-5660

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10-1-00
through 10-21-00

SCHEDULE
CALIFORNIA
FORM
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Alice Patino for City Council

[illegible]

1. Increases to cash of \$100 or more this period. \$ 1.07

2. Unlevered increases to cash under \$100 this period. \$ 1.87

3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).).....\$ -0-

4. Total miscellaneous Increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the **TOTAL**  1.87

Summary Page, Line 14.)